

MASS TRANSPORTATION BENEFIT PROGRAM APPLICATION

Department of the Army - Outside the National Capital Region

CHECK ONE: ENROLLING MAKING A CHANGE (WHAT CHANGE?) WITHDRAWING (EFFECTIVE DATE:)

I. APPLICANT INFORMATION (please type or print):

Last Name: First Name: MI: Last 4 digits of Your SSN:
Residence City: Residence State: Residence 9-digit ZIP Code:
Organization/Command:
Installation/Activity: Duty Location (City, State, 9-digit ZIP code):
Office Telephone (include area code): E-mail Address:
Are you (check one): Military Civilian NAF -- If NAF, Standard NAFI Number and Operating Agency number:
If military, are you (check one): Active Duty National Guard, currently serving on active duty Army Reserve, currently serving on active duty
Supervisor Name, Location, Office Telephone (include area code):

II. MODE(S) OF MASS TRANSPORTATION:

Identify the Mass Transportation system(s)/company(s) you intend to use:
Identify the specific type(s) of fare media you intend to use:
Type of benefit requested (check one): DOT-issued fare media SF 1164 reimbursement -- If SF 1164, please complete Part IV below

- Mass Transportation includes: Commuter Bus, Commuter Train, Subway/Light Rail, Van Pool, Ferry. Parking expenses are excluded from this benefit.
- Van Pools must satisfy Internal Revenue Code 26 Section 132(f) requirements as well as DA-mandated restrictions, including the following: Van Pool owners who are drivers or passengers are not eligible to receive this benefit, nor are any DA employee van pool drivers receiving compensation for their services.
- Ferries: Walkers, bicyclists, and van pool members are authorized to claim the foot passenger rate only.
- Participants solely utilizing carpools, motorcycles, airplanes, bicycles, or walking, as their method of transportation, do not qualify for this benefit.
- Benefits will be paid in the form of DOT-issued transit fare media wherever possible. SF 1164 reimbursement process will only be used in those instances where DoT cannot purchase fare media.
- Parking passes may be revoked dependent upon local command policy.

III. EMPLOYEE CERTIFICATION OF COMMUTING COSTS:

WARNING: This certification concerns a matter with the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.

I certify that I am employed by the Department of the Army and **I am not a contractor.**

I certify that this information is accurate and agree to notify the Installation POC of any change to employee status.

I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

I certify that my estimated monthly mass transit commuting costs (not including parking fees) are:

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I certify I will use this benefit for my daily commute to and from work and will not transfer it to another individual.

I agree to notify the Installation POC should the fare amount and/or my ridership level increase/decrease. I certify that upon transfer, separation, termination of employment or retirement/resignation, I will return any unused fare media or outstanding debt to the Installation POC. I certify that the transit benefit I am receiving meets the criteria outlined in IRC 26 Section 132(f) as well as any further restrictions mandated by DA.

As of 1 January 2008, the current benefit amount available to Army employees for actual commuting costs is \$115 a month (\$1,380 a year).

IV. FUNDING INFORMATION (SF 1164 USERS ONLY):

Please provide the accounting classification that funds your salary:

NOTE: The Mass Transportation Benefit Program is a personnel benefit available to all eligible DA employees. The appropriation (direct or reimbursable) or non-appropriated fund that provides the payroll for each service member or civilian employee participant will fund the participant's mass transit benefit. To obtain the above information, consult your personnel or resource management office.

Employee Signature: _____ Date: _____ POC Approval: _____

PRIVACY ACT STATEMENT: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for the Mass Transportation Benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to help prevent misuse of the funds involved.

COMPLETE AND PROVIDE TO YOUR LOCAL POC. INCOMPLETE or ILLEGIBLE applications will NOT be processed.